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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048239

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 127

STATE FILE NUMBER

VS 300  
Rev. 4/5916001  
27003

3

4 1

5 2

6

7 2

8 2

9 X

10

11 600

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH DEC 18 1962

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Excelsior Springs

Length of stay in 1b

unknown

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Kearney Road

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

admission)

c. CITY

OR TOWN Raytown

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

5415 Raytown Road

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Nellie

B.

Coffey

4. DATE  
OF DEATH

Month

Day

Year

November 25, 1962

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
4-16-19049. AGE (last birthday)  
58

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Carrick Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Daniel William Monroe

13b. MOTHER'S MAIDEN NAME

Briget Greeney

14. NAME OF HUSBAND OR WIFE

Frank C. Coffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

James D. Coffey, 5415 Raytown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed Head & Multiple Fractures of Extremities  
After 8 hr Collision - Auto with Bridge abutmentConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

4' 6" near Excelsior Springs

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature or title)

22b. ADDRESS

North Kansas City, Mo.

22c. DATE SIGNED

11/25/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

11-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hills Cemetery

23d. LOCATION (City, town, or county)

Raytown, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. Clark Fiebert Raytown, Mo.

25. DATE RECD. BY LOCAL REG.

11-25-62

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 25 1963

DEC 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3983

P. O. Address Raytown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Residual Permit issued 11-25-62 CA